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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

Department of the Treasury
Internal Revenue Service

2009

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number		
		KNIGHTS OF COLUMBUS COUNCIL #664		39-0399846		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		795 FOND DU LAC AVE			920-907-2157	
City or town, state or country, and ZIP + 4		FOND DU LAC, WI 54935-6408		F Group Exemption Number ▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A**H** Check ☒ if the organization is not**J** Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 80205.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2414.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	28036.
	4	Investment income	4	192.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	48727.
	6b	Less direct expenses other than fundraising expenses	6b	42985.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5742.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ News letter ad revenue, miscellaneous)	8	836.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	37220.	
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 3	10	21419.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2400.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2816.
	16	Other expenses (describe ▶ See Statement 1)	16	21753.
	17	Total expenses. Add lines 10 through 16	17	48388.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11168.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41317.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30149.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

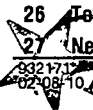
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	44335.	33304.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	44335.	33304.
26 Total liabilities (describe ▶ See Statement 2)	3018.	3155.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41317.	30149.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) 7

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Form 990-EZ (2009)

39-0399846

Page 2

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others)

28a

--	--

29a

30a

31a

32

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Contrib

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KNIGHTS OF COLUMBUS

Form 990-EZ (2009)

COUNCIL #664

39-0399846

Page 3

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	None	
42a The organization's books are in care of	GREG BRUNETTE	
Located at	W5049 TAKODAH DRIVE, FOND DU LAC, WI	
Telephone no	920-907-2157	
ZIP + 4	54935	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

KNIGHTS OF COLUMBUS

Form 990-EZ (2009)

COUNCIL #664

39-0399846

Page 4

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

- f** Total number of other employees paid over \$100,000
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: GREG BRUNETTE Date: 8/10/10

Type or print name and title: TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's identifying number (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization **KNIGHTS OF COLUMBUS
COUNCIL #664**

Employer identification number
39-0399846

Part 1

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

KNIGHTS OF COLUMBUS

Schedule G (Form 990 or 990-EZ) 2009

COUNCIL #664

39-0399846 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 CLUB HOUSE EVENTS (event type)	(b) Event #2 OUTSIDE CLUB HOUSE EVENT (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28775.	18584.		47359.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	28775.	18584.		47359.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25358.	16943.		42301.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(42301)
	11 Net income summary. Combine line 3, column (d), and line 10				5058.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			1368.	1368.
Direct Expenses	2 Cash prizes			684.	684.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(684)
	8 Net gaming income summary. Combine line 1, column (d), and line 7				684.

- 9 Enter the state(s) in which the organization operates gaming activities: WI
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," explain:
-
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain:
-
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	X	
10a		X
11		X
12		X

KNIGHTS OF COLUMBUS

Schedule G (Form 990 or 990-EZ) 2009

COUNCIL #664

39-0399846 Page 3

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a %

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Schedule G (Form 990 or 990-EZ) 2009

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
ADVERTISING		691.	
CHURCH ACTIVITIES		190.	
MEETING COSTS		1377.	
CONVENTION COSTS		1310.	
YOUTH ATHLETIC ACTIVITIES		490.	
YOUTH ACTIVITIES		345.	
PAYROLL TAXES		437.	
MEMBERSHIP AND DEGREE TEAMS		667.	
PER CAPITA DUES ASSESSMENTS		14251.	
MEMORIALS AND GIFTS		600.	
FEES		25.	
SUPPLIES		1370.	
Total to Form 990-EZ, line 16		21753.	

Form 990-EZ	Other Liabilities	Statement	2
Description	Beg. of Year	End of Year	
AMOUNTS DUE TO STATE AND SUPREME COUNCILS	3018.	3155.	
Total to Form 990-EZ, line 26	3018.	3155.	

Form 990-EZ Cash Grants and Allocations Statement 3

Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
FREE HEALTH CLINIC ST AGNES HOSPITAL FOUNDATION 430 E DIVISION STREET FOND DU LAC, WI 54935	None	200.
RELIGIOUS CHARITABLE ORGANIZATIONS ST. JOHNS ALTER & ROSARY SOCIETY FOND DU LAC, WI 54935	None	100.
FOOD PANTRY BROKEN BREAD FOND DU LAC, WI 54935	None	300.
RELIGIOUS EDUCATION VARIOUS RELIGIOUS EDUCATION ORGANIZATIONS VARIOUS LOCATIONS	None	7554.
RELIGIOUS ORDERS VARIOUS SEMINARIAN SUPPORT 3257 SOUTH LAKE DRIVE SAINT FRANCIS, WI 53235-3795	None	3375.
POLICE & FIRE FIGHTER SUPPORT VARIOUS POLICE & FIRE FIGHTER ORGANIZATIONS VARIOUS LOCATIONS FOND DU LAC, WI 54935	None	2010.
RELAY FOR LIFE CANCER FUNDRAISER AMERICAN CANCER SOCIETY FOND DU LAC, WI 54935	None	200.
ASSIST THE POOR SALVATION ARMY FOND DU LAC, WI 54935	None	250.
ASSIST THE POOR ST VINCENT DE PAUL FOND DU LAC, WI 54935	None	500.

KNIGHTS OF COLUMBUS COUNCIL #664

39-0399846

ASSIST THE POOR
TOYS FOR TOTS

None

250.

FOND DU LAC, WI 54935

DONATIONS SUPPORTING LOCAL GROUPS
VARIOUS COMMUNITY ORGANIZATIONS
VARIOUS LOCATIONS

None

6680.

Total Included on Form 990-EZ, Line 10

21419.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 4

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

990-EZ Pg 2

Statement 5

This organization is organized as a fraternal beneficiary council to benefit its members and to provide charitable contributions for religious, charitable, scientific, literary or educational purposes, or for the prevention of cruelty to children or animals.